Health Plan ID:	2162845	
Health Plan Name:	Louisiana Healthcare C	Connections - LA
Health Plan Contact:	***	
Contact Email:	***	
Report Period Start Date:	10/1/2013	
Report Period End Date:	12/31/2013	

# **BAYOU HEALTH** Reporting

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency:	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

Pre-Authorization Summary					Standard Authorizations					Expedited Authorizations		
Plan ID	Type of Service	Total Requested	Total Approved	Total Denied	Total Pended	Total Requeste d	% determined within 2 Business days	within 14	% determined within 28 Calendar days	within 25	Total Requested	% complete within 72 hours
2162845	Auditory Services	13	12	1	0	13	84.62%	100.00%	100.00%		0	0.00%
2162845	Biopharmacy	185	15	19	151	183	87.43%	100.00%	100.00%		2	100.00%
2162845	Cochlear Implants & Surgery	3	2	0	1	3	66.67%	100.00%	100.00%		0	0.00%
2162845	DME	434	373	42	19	409	88.26%	99.51%	99.76%	99.76%	24	100.00%
2162845	Genetic Testing & Counseling	26	15	9	2	26	61.54%	100.00%	100.00%		0	0.00%
2162845	Home Health	911	849	52	10	908	93.06%	99.34%	99.78%		3	100.00%
2162845	Imaging	203	200	3	0	198	97.47%	100.00%	100.00%		5	100.00%
2162845	Inpatient Services (S&P)	27	19	5	3	27	100.00%	100.00%	100.00%		0	0.00%
2162845	Neuropsych Testing	2	2	0	0	2	100.00%	100.00%	100.00%		0	0.00%
2162845	Nutritional Supplements and/or Services	219	174	39	6	217	82.03%	100.00%	100.00%		2	100.00%
2162845	Observation	269	211	56	2	269	98.51%	99.63%	100.00%		0	0.00%
2162845	OB Ultrasound	286	254	32	0	286	92.66%	100.00%	100.00%		0	0.00%
2162845	Office Visit	1208	1204	0	4	1208	99.75%	99.92%	99.92%		0	0.00%

Health Plan ID:	2162845	
Health Plan Name:	Louisiana Healthcare Con	nections - LA
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Report Period Start Date:	10/1/2013	
Report Period End Date:	12/31/2013	

# **BAYOU HEALTH** Reporting

Document ID:	PQ188	
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPO	R٦
Reporting Frequency:	Quarterly	
Report Due Date:	1/30/2014	
File Type:	Excel	
Subject Matter:	Quality (Q)	

	Pre-Authorization Summary					Standard Authorizations				Expedited Authorizations		
Plan ID	Type of Service	Total Requested	Total Approved	Total Denied	Total Pended	Total Requeste d	% determined within 2 Business days	within 14	% determined within 28 Calendar days	within 25	Total Requested	% complete within 72 hours
2162845	Orthotics	32	28	4	0	31	80.65%	100.00%	100.00%		1	100.00%
2162845	Outpatient Services	638	519	48	71	611	93.78%	100.00%	100.00%		27	100.00%
2162845	Outpatient Surgery	41	27	2	12	41	87.80%	100.00%	100.00%		0	0.00%
2162845	Pain Management	22	14	8	0	22	86.36%	100.00%	100.00%		0	0.00%
2162845	Prosthetics	27	26	1	0	27	81.48%	100.00%	100.00%		0	0.00%
2162845	Sleep Study	201	190	10	1	200	96.50%	100.00%	100.00%		0	0.00%
2162845	Stereotactic Radiosurgery	2	2	0	0	2	100.00%	100.00%	100.00%		0	0.00%
2162845	Therapy	1157	1113	43	1	1157	96.54%	100.00%	100.00%		0	0.00%
2162845	Transport	197	193	4	0	197	99.49%	100.00%	100.00%		0	0.00%
Total		6103	5442	378	283	6037	94.63%	99.83%	99.93%		64	100.00%

Standard Authorizations LI Type = "Standard"

Expedited Authorizations LI Type = "Urgent"

Health Plan ID:	2162845		
Health Plan Name:	Louisiana Healthcare C	Connection	ns - L
Health Plan Contact:	***		
Contact Email:	***		
Report Period Start Date:	10/1/2013		
Report Period End Date:	12/31/2013		

### **BAYOU HEALTH** Reporting

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency:	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

	Pre-Authorization Summary				Standard Authorizations				Expedited A	uthorizations		
Plan ID	Type of Service	Total Requested	Total Approved	Total Denied	Total Pended	Total Requeste d	within 2	% determined within 14 Calendar days	within 28	within 25	I Intal I	% complete within 72 hours

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.

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Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contac	***
Contact Email:	***
Report Period Star	10/1/2013
Report Period End	12/31/2013

#### BAYOU HEALTH Reporting

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial
				Reason)
2162845	Auditory Services	EB	Denied by Medical Services	1
2162845	Biopharmacy	10	Partial Pay	1
2162845	Biopharmacy	EB	Denied by Medical Services	18
2162845	DME	10	Partial Pay	2
2162845	DME	аМ	Admin Denial	1
2162845	DME	EB	Denied by Medical Services	39
2162845	Genetic Testing & Counseling	10	Partial Pay	1
2162845	Genetic Testing & Counseling	EB	Denied by Medical Services	8
2162845	Home Health	10	Partial Pay	6
2162845	Home Health	4A	Denial Upheld on Appeal	2
2162845	Home Health	EB	Denied by Medical Services	44
2162845	Imaging	EB	Denied by Medical Services	3
2162845	Inpatient Services (S&P)	EB	Denied by Medical Services	5
2162845	Nutritional Supplements and/or Services	10	Partial Pay	1
2162845	Nutritional Supplements and/or Services	4A	Denial Upheld on Appeal	1
2162845	Nutritional Supplements and/or Services	EB	Denied by Medical Services	37
2162845	Observation	10	Partial Pay	4
2162845	Observation	4A	Denial Upheld on Appeal	2
2162845	Observation	EB	Denied by Medical Services	50
2162845	OB Ultrasound	10	Partial Pay	6
2162845	OB Ultrasound	4A	Denial Upheld on Appeal	1
2162845	OB Ultrasound	EB	Denied by Medical Services	25
2162845	Orthotics	EB	Denied by Medical Services	4
2162845	Outpatient Services	10	Partial Pay	3
2162845	Outpatient Services	4A	Denial Upheld on Appeal	2
2162845	Outpatient Services	EB	Denied by Medical Services	43
2162845	Outpatient Surgery	10	Partial Pay	1
2162845	Outpatient Surgery	EB	Denied by Medical Services	1
2162845	Pain Management	10	Partial Pay	1
2162845	Pain Management	EB	Denied by Medical Services	7
2162845	Prosthetics	EB	Denied by Medical Services	1
2162845	Sleep Study	EB	Denied by Medical Services	10
2162845	Therapy	10	Partial Pay	4
2162845	Therapy	7A	Pend-Partial Approval on Appeal	4
2162845	Therapy	EB	Denied by Medical Services	31
2162845	Therapy	QJ	MC Denied on Appeal	1
2162845	Therapy	QK	MC Partial Approval	1
2162845	Therapy	UJ	Under Review	2
2162845	Transport	EB	Denied by Medical Services	4

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contac	***
Contact Email:	***
Report Period Star	10/1/2013
Report Period End	12/31/2013

#### BAYOU HEALTH Reporting

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency:	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

Pre-Authorization Denial Detail							
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)			
Total				378			

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2162845
Louisiana Healthcare Connections - LA
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10/1/2013
12/31/2013
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#### **BAYOU HEALTH Reporting**

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Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT
Reporting Frequency	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

	Pre-Certification Summary			Standard Authorizations			Concurrent Review			Post Service Authorizations				
Plan ID	Level of Care	Total Days Requested	Totals Days Approved	Total Days Denied	Total Days Pended	Total # Requested	% determined within 2 Business days	% determined within Calendar 14 days	% determined within 28 Calendar days	Total Requested	% complete within 1 Business day	% complete within 2 Business days	Total Requested	% complete within 30 days
2162845	Acute	27,855	25028	2625	202	261	97.70%	99.62%	99.62%	8625	98.56%	99.70%	92	97.83%
2162845	LTAC	611	538	73	0	20	100.00%	100.00%	100.00%	51	100.00%	100.00%	0	0.00%
2162845	Rehab	777	767	10	0	30	100.00%	100.00%	100.00%	73	100.00%	100.00%	1	100.00%
Total		29,243	26333	2708	202	311	98.07%	99.68%	99.68%	8749	98.58%	99.70%	93	97.85%

Standard Authorizations LEVEL\_OF\_URGENCY="Standard"

Concurrent Review LEVEL\_OF\_URGENCY="Concurrent Post Service Authorizations LEVEL\_OF\_URGENCY="Retro"

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Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contac	***
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Report Period Star	10/1/2013
Report Period End	12/31/2013

#### **BAYOU HEALTH Reportir**

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency:	Quarterly
Report Due Date:	1/30/2014
File Type:	Excel
Subject Matter:	Quality (Q)

Pre-Certification Denial Detail							
Plan ID	Level of Care (acute or sub acute)	Denial Reason Code	Denial Reason	Total Denied Days (for level & Denial Reason)			
2162845	Acute	10	Not Met	16			
2162845	Acute	4A	Denial Upheld on Appeal	55			
2162845	Acute	аМ	Admin Denial	200			
2162845	Acute	EB	Denied by Medical Services	2,354			
2162845	LTAC	EB	Denied by Medical Services	73			
2162845	Rehab	EB	Denied by Medical Services	10			
Total				2,708			

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